



**Washington County**  
**2014 Schedule of Medical Benefits**  
Option ID: WAC4A



**Group ID: SFWAC**

Prior Authorization - VCM (855-586-2568) for all procedures except Mental Health/Substance abuse  
Claims - P.O. Box 71747, SLC UT 84171  
Payor ID: 88067  
Customer Service Number: 877-453-4201  
Coverage begins: First of the month following date of hire. See plan document for when coverage ends

**Utah Network - Wise**  
**Traveling outside of Utah - Multiplan**

Minimum weekly hours for full time: 30 hours

Lifetime Max: None		Network Providers	Non-Network Providers	Benefit Limits
Annual Deductibles (does not include co-payments)	Individual \$500 Family \$1,000	Individual \$500 Family \$1,000	Note: Limits are per person per calendar year	
Annual Co-Insurance Out of Pocket Maximums (Includes medical deductible and co-payments, does not include Rx co-pays)	Individual \$1,500 Family \$3,000	Individual \$2,500 Family \$5,000		
Office Visits - Primary Care (exams or consultations)	\$25 co-pay, then Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount		
Office Visits - Primary Care - After Hours (exams or consultations)	\$30 co-pay, then Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount		
Office Visits - Specialist (exams or consultations)	\$30 co-pay, then Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount		
Office Services Performed in Physician's Office - basic services with exam, including: injections, surgery (minor and major), sterilization, anesthesia, medical supplies, radiology and pathology. (does not include pain mgmt, chemotherapy)	Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount		
Wellness Care - Adult	Plan pays 100%	Not Covered		
Wellness Care - Children	Plan pays 100%	Not Covered		
Colonoscopy - Wellness	Plan pays 100%	Not Covered		
Wellness Care includes: 1 routine physical per year, 1 routine gynecological exam per year, 1 family history exam per year, 1 routine pap smear & mammogram per year, routine well-baby exams, covered immunizations, 1 routine hearing exam per year, 1 colonoscopy screening every 5 years for covered person over the age of 50. Other preventive services as identified by the Patient Protection and Affordable Care Act (PPACA) will be covered. Eye examinations covered under vision plan.				
Allergy Treatment - Injections	Covered at 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount		
Allergy Treatment - Serum	\$50 per person per year, then plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount		
Allergy Treatment - Testing	Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount		
Acupuncture	\$25 co-pay, then Plan pays 100%.	\$25 co-pay, then Plan pays 100%.	Limited to 20 visits per person per year	
Ambulance	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	In Life threatening situations the deductible is waived and benefits paid at 80% of charges	
Birth Control / IUD	Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount		
Chemical Dependency - Inpatient ***	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Prior Authorization Required through Blomquist-Hale 800-926-961	
Chemical Dependency - Outpatient ***	\$25 co-pay, then Plan pays 100%.	Deductible, then Plan pays 60% of <b>allowed</b> amount	Prior Authorization Required through Blomquist-Hale 800-926-9619	
Chemotherapy/Radiation Therapy	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount		
Chiropractic Services	\$25 co-pay, then Plan pays 100%.	Deductible, then Plan pays 60% of <b>allowed</b> amount	Limited to 20 visits per person per year	
Colonoscopy - Medical	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount		
Dental Injury Treatment	Plan pays 80%	Plan pays 80%	Orthodontic Injury Treatment covered at 100% to a maximum of \$500 per occurrence	
Diabetic Education	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount		
Diagnostic Services - Basic labs/x-rays (related to office visit, LabCorp, etc)	Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount		
Diagnostic Services - Major (MRI, CT, PET, Nuclear Medicine, etc.)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount		
Diagnostic Services - Minor (ultrasounds, bone density, ecography,etc)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount		
Dialysis	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount		
Durable Medical Equipment (includes orthotics & prosthetics)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Orthotic devices for feet limited to \$200 per person per year. Prostheses once every 5 years unless medically necessary or due to growth	
Emergency Room - Facility (co-pay waived if admitted)	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of <b>allowed</b> amount	First \$500 of an accident covered at 100%; then regular benefits apply; Accident and Life Threatening paid at in-network benefit level	
Emergency Room - All other covered services other than facility charges	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of <b>allowed</b> amount		
Gastric Bypass Surgery / Lap Banding	No Benefit	No Benefit		
Growth Hormones	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Not for athletic performance	
Home Health Care *	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount		
Hospice Care *	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount		
Hospital - Inpatient Services *	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount		
Hospital - Outpatient Services (not surgery)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount		
Impacted Teeth/Cysts/Tumors	Deductible, then Plan pays 80% Deductible waived for impacted teeth	Deductible, then Plan pays 60% of <b>allowed</b> amount Deductible waived for impacted teeth	Must use TDA contracted provider in order to receive in-network benefits for Impacted Teeth	
Infertility Services	Deductible, then Plan pays 80%	Not covered	Initial exam and testing only Treatment not covered	
Maternity - Prenatal Office Visits Only (billed separately from total delivery)	Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Coverage for all female participants. Grandchildren are not covered.	
Maternity - Basic labs/x-rays (related to office visit, LabCorp)	Deductible, then Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Coverage for all female participants. Grandchildren are not covered.	

	Maternity - (including birthing center or mid-wife, billed as delivery including office visits, labs & ultrasounds)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Non-network midwifery services will be covered as in-network. Coverage for all female participants. Grandchildren are not covered.
	Medical Supplies (Insulin, Diabetic test strips, Insulin pumps, etc.) These supplies may also be covered under Prescription Benefit.	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Insulin, Diabetic test strips, pumps, etc.
x-BH-x	Mental Health - Inpatient ***	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	<b>Prior Authorization Required through Blomquist-Hale 800-926-9619</b> <b>Residential treatment facilities are not covered</b>
x-BH-x	Mental Health - Outpatient ***	\$25 co-pay, then Plan pays 100%.	Deductible, then Plan pays 60% of <b>allowed</b> amount	<b>Prior Authorization Required through Blomquist-Hale 800-926-9619</b>
	Naturopathy / Homeopathic Services	\$25 co-pay, then Plan pays 100%.	<b>Not covered</b>	Prescribed by a THS contracted physician; Brian Hardy, Fuller Royal or Dennis Remington
	Nutraceuticals and Homeopathic Products	Plan pays 100%	<b>No Benefit</b>	Prescribed by a THS contracted physician; Brian Hardy, Fuller Royal or Dennis Remington
	Newborn Care	Plan pays 80%, deductible waived	Deductible, then Plan pays 60% of <b>allowed</b> amount	Initial birth and continuing care in Hospital.
	Parenteral Nutrition	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Limited to an annual maximum of \$10,000 including supplies and equipment
	Outpatient Therapy Physical, Speech and Occupational	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Only covered if given to restore person to original health.
VCM	Outpatient Surgery *	Deductible, then Plan pays 90%	Deductible, then Plan pays 70% of <b>allowed</b> amount	
	Orthognathic/Manibular Osteotomy	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Benefit is limited to diagnosis and non surgical treatment only
VCM	Skilled Nursing *	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
	Sleep Studies (Related to sleep apnea only)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
	Sterilization (Men)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	If performed in office setting, covered at 100%.
	Sterilization (Women)	Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount	Inpatient and Outpatient
	TMJ and Orthognathic	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	<b>Benefit is limited to diagnosis and non surgical treatment only</b>
VCM	Transplant *	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	
	<b>Urgent Care Center / Insta Care / 24 Hours</b>	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount	First \$500 of an accident covered at 100%; then regular benefits apply; Accident and Life Threatening paid at in-network benefit level. Place of service not relevant.
	<b>Covered Prescription Drugs-VRx</b> Customer Service: 1-877-879-9722 VRx Pre-Auth Line 1- 877-879-9922 Website-www.myvrx.com	Generic-\$0 Brand/Formulary-20% Brand/Non-formulary-40%	Member must submit receipt. Reimbursement will be made at cost plan would have paid less plan co-pay or co-insurance.	<b>Separate Pharmacy out of pocket maximum of \$3,500 per person.</b>
	<b>Mail Order Drugs</b> WelldyneRx or Stapley WelldyneRx Customer Service 1-866-240-0513  90-day supply also availed through Retail Pharmacies	Generic-\$0 Brand/Formulary-20% Brand/Non-formulary-40%	Member must submit receipt. Reimbursement will be made at cost plan would have paid less plan co-pay or co-insurance.	<b>Birth Control Pills and Devices covered at 100% when obtained at a participating pharmacy.</b>  <b>Specific Over the counter medications covered with written prescription from physician.</b>

Effective 1/1/2014

**\*Pre Certification Required by VCM. Failure to obtain prior authorization may result in a reduction of \$250 or denial of benefits.**

**\*\*\* Pre-certification required by Blomquist-Hale. 1- 801-262-9619**

Note: Any non-allowed or not covered amounts or services are the responsibility of the patient and are not included in the Out-of-Pocket Maximum.

RAPS - services provided by facility based radiologists, anesthesiologists, pathologists, labs, or ER physicians covered under the appropriate facility benefit

Dependents Covered to Age 26 Regardless of student or marital status.

Timely Filing - 12 months from the date service incurred.

Life Threatening services incurred at an out of network provider will be paid in network.

Coordination of Benefits - Supplemental meaning the Plan will pay up to 100% of eligible expenses.

Rural Area is defined as 30 miles. If covered services are not available in the network within 30 miles the provider will be paid in network.

As of 1/1/2014 - No pre-existing on Employees or Dependents

External Review

Out of Country Care – if a participant is traveling outside of the country for medical care claims will be paid non-network. If a participant has a true emergency or a life threatening event claims will be paid in-network.

**We believe this coverage is a non grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)**

Visit [www.talltreehealth.com](http://www.talltreehealth.com) to view eligibility, access claim history and link to the PPO network and more.